

Combined Declaration and Power of Attorney
for Utility or Design Patent Application (37 C.F.R. 1.63)

As a below named inventor, I declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

This declaration is directed to:

- ☒ The attached application, or
☐ was filed on _____ as United States Application Number or PCT
International Application Number _____
☐ as amended on _____ (if applicable).

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DISKETTE TYPE ELECTRONIC DEVICE

I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56, including material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				Yes	No
P. 2001-019333	Japan	January/29/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application, or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT

International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of the application:

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith:

Name	Registration Number	Name	Registration Number
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature Koichi Seno Date January 18, 2002

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Name of Fourth Inventor:

Given Name (first and middle (if any)) _____ Family Name or Surname _____

Inventor's Signature _____ Date _____

Residence: _____

Citizenship: _____

Mailing Address: _____
